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TB CARE I

TB CARE I - South Sudan

**Year 2
Quarterly Report
October-December 2011**

January 30, 2012

Quarterly Overview

Reporting Country	South Sudan	Technical Areas	% Completion
Lead Partner	MSH	1. Universal and Early Access	0%
Collaborating Partners	KNCV, WHO	2. Laboratories	0%
Date Report Sent	01/30/2012	4. PMDT	0%
From	Stephen Macharia, TB CARE I Country Manager	5. TB/HIV	0%
To	Martin Swaka, USAID Mission	6. Health Systems Strengthening	0%
Reporting Period	October-December 2011	Overall work plan completion	0%

Most Significant Achievements

Universal and Early Access of TB Treatment: During the quarter, TB CARE I supported NTP in the printing of key documents developed in the previous quarters. Among the documents printed are 1000 training manuals for clinician, 500 SOPs for improving case detection and 500 copies of the 2010 annual reports. The documents have been handed over to the NTP and distribution is in process. Training manuals will be used as resource material during the training of health workers. SOPs and posters for improving case detection will be distributed to the facilities during the piloting of the documents. Additional SOPs and posters will be printed and distributed after the pilot. The annual report has been distributed to key government departments and implementing partners. Some have been distributed during meetings. Development of Patient Centered Treatment Approach guidelines is pending. The deliverable for the TA will be PCT approach guidelines, which will be developed through a consultative process with key stakeholders and a consensus workshop to agree on the approach. WHO is currently in the process of hiring the consultant. This has continued to be a challenge to date.

Strengthening of Laboratory Services: TB CARE I has worked very closely with the NTP to identify facilities that required support to improve TB diagnosis in an integrated approach. Renovation works for one laboratory earmarked for major renovation was completed and handed over to the management of Torit Hospital. The laboratory was furnished with a table, a chair and two stools. TB lab services in Torit hospitals have been integrated in the refurbished laboratory. Follow up supervision by laboratory personnel at the NTP have been planned and this will be an opportunity to include the newly recruited Laboratory Specialist in the visit. Recruitment of lab specialist was completed during the quarter and will be starting working in January 2012. In addition, 20 (3 females and 17 males) laboratory personnel were trained as supervisors.

Health System Strengthening: Weak health systems in South Sudan have resulted in poorly integrated services including TB provision. TB CARE I has developed a framework for integrating TB services which provide minimum standards for integrating TB services. Lack of standardized laboratories has hindered integration of services. TB CARE I supported NTP to refurbish 3 laboratories at PHCC. The identified laboratories were refurbished during the reporting period. Refurbishment has improved on the general laboratory services in the PHCCs and TB lab services are provided in an integrated approach.

Collaborative TB/HIV activities: TB/HIV services are limited in South Sudan due to lack of adequately trained staff on PITC. A 5 days PITC training was organized and supported by TB CARE I to improve on testing and counseling skills of health workers in the PHC\C from 7th – 16th November 2011. The participants were 17 including 9 males and 8 females.

In addition, TB CARE I supported NTP in the development of GF R11 proposal. The process was interrupted by the announcement of cancellation of R 11 applications and introduction of transitional funding mechanism for TB control. The TA was provided by MSH regional advisor as a lead consultant from 7th – 16th November 2011. TB CARE I continued to support NTP by providing Technical assistance

Overall work plan implementation status

APA 2 was approved in December 2011. Implementation of activities in the APA2 have not started because the project has been implementing activities carried forward from APA 1. APA 2 work plan implementation will begin in January 2012.

Technical and administrative challenges

The health system in South Sudan faces various challenges including human resources, health infrastructure, low general health service coverage (25%) and health management. Government of the Republic of South Sudan (RSS) is embarking on a massive programme to strengthen health system through Basic Health Package (BHP) and other initiatives such as the Global Fund Round 9 Health System strengthening (HSS). These mechanisms can be used as an opportunity to scale up TB services in South Sudan, an approaches to integrate TB services into the general health system.

Cancellation of GF R11 will have an impact because of lack of adequate funding to scale up TB services which can only be solicited from the Global Fund.

In-country Global Fund status and update

South Sudan benefited from three Global Fund grants; Round 2 TB that ended in March 2010, Round 5 TB-HIV ended in September 2011 and Round 7 ending in December 2013. The Round 7 TB grant aims to establish 54 TB MUs at the end of the grant period leaving a gap of 67. It is against this background that South Sudan submitted an application for Round 10 to meet the existing gaps in TB service delivery.

The Round 10 was however rated category 3 and recommended for resubmission based on TRP comments. The TRP found significant strategic and technical shortcomings, in particular with respect to TB/HIV and the budget lacked sufficient detail for adequate assessment of whether the resources requested were appropriate to support the outcomes proposed.

Owing to the inability to secure the Round 10 Grant, the NTP planned to submit a high-quality Global Fund Round 11 proposal. Through the TB CARE I and other donors, the South Sudan NTP engaged consultants to provide technical assistance in developing and writing the Global Fund Round 11 proposal. However, GF Round 11 was cancelled and replaced with Transitional Funding Mechanism (TFM) which is limited in resources and as a result has a grave consequences beyond December 2013 when GF R7 will be ending.

TB CARE I and other donors are still committed to ensure that NTP develop a high-quality TFM proposal to be submitted to GF since it remains the main source of funding for TB/HIV in South Sudan.

Quarterly Technical Outcome Report

Technical Area	1. Universal and Early Access							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.4 CB-DOTS program is implemented Indicator Value: Score (0-3) based on definition.						DOTS is implemented in South Sudan and CB-DOTS is implemented in selected sites through GF.	Patient Centered Treatment approach has not been implemented due to lack of PCT guidelines which have been delayed due to technical issues within WHO. Working close with the NPO, to overcome the challenge.
		2	2011	3	2012			
	1.2.5 Increase TB case notification by 10% in the country Description: Proportion of cases notified Indicator Value: percentage Level: National Source: NTP quarterly reports Means of Verification: Quarterly reports Numerator: Number of cases notified Denominator: Expected cases to be notified						The data will be provided by NTP once all the facilities providing DOTs reports.	Late reporting by the facilities. TB CARE I is working with NTP M&E officer to improve on the reporting. TB CARE I country lead facilitated a M&E workshop on R&R for TB officer in the reporting period.
		6426	2011	7400	2012			





Technical Area		2. Laboratories						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP Indicator Value: Score (0-3) based on definition.	3	2011	5	2012		National NTP strategic and National lab services strategic plans have incooperated TB components.	Operationalizing the plans has been a challenge. TB CARE I through the lab specialist will support EQA and CRL and provide training of lab personnel through workshops and on-site mentorship by the TB CARE I lab specialist as well us operationalizing the



Technical Area 4. PMDT								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
4.1 Improved treatment success of MDR	4.1.1 TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment Indicator Value: Percentage Numerator: The number of TB patients (Cat I, Cat II) with confirmed HR or R resistance, who died between the date of the lab request and the start of MDR treatment Denominator: The total number of TB patients (Cat I, Cat II) with	n/a	n/a				Suerveillance of MDR through CRL laboratory in Nairobi has continued supported by GF. No MDR case reported during the quarter.	The TB CRL is still not functional. TB CARE I has hired a lab specialist to provide support in EQA and CRL for NTP.



Technical Area	5. TB/HIV							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
5.1 Strengthened prevention of TB/HIV co-infection	5.1.2 Facilities that are providing HIV prevention message at TB services Indicator Value: Percent Numerator: Number of randomly-selected facilities, providing DOTS, which have a trained staff on HIV counseling. Denominator: Total number of	67%	2011	90%	2012		The data will be provided by NTP once all the facilities providing DOTs reports.	Late reporting by the facilities. TB CARE I is working with NTP M&E officer to improve on the reporting. TB CARE I country lead facilitated a M&E workshop on R&R for TB officer in the reporting period.
5.2 Improved diagnosis of TB/HIV co-infection	5.2.2 TB patients with known HIV status Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period.	56%	2011	80%	2012		The data will be provided by NTP once all the facilities providing DOTs reports.	Late reporting by the facilities. TB CARE I is working with NTP M&E officer to improve on the reporting. TB CARE I country lead facilitated a M&E workshop on R&R for TB officer in the reporting period.






Technical Area		6. Health Systems Strengthening						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y1		
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.2 Government budget includes support for anti-TB drugs Indicator Value: Yes/No	No	2011	Yes	2012	No	All First Line Drugs (FLD) for TB program are funded through GF.	Cancellation of the GF R 11 application has resulted in the country not being in a position to increase funding for additional patients in the TFM. NTP to ensure that the government has set aside funds to procure TB drugs
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	99 (F:33,M:66)	2011	200 (F:80,M:120)	2012	37 (F:11, M:25)	Two training conducted using APA 1 funds; 1. Laboratory staff on lab supervision - 20 - (3 females and 17 Males) 2. PICT for health workers - 17 (8 females and 9 Males)	The main challenge is to get female participation in the trainings. The organizers are encouraging female participation and this will be emphasised in the invitation and during planning for workshops.
	6.2.4 Establish new 20 TB diagnostic and treatment centres Description: The number of facilities providing TB diagnosis and treatment Indicator Value: number Level: National Source: NTP quarterly reports Means of Verification: health facilities reporting on TB/HIV activities Numerator: Number of health facilities with TB diagnosis and treatment Denominator: Number of functional state, county and PHCC in the	42	2011	62	2012		3 additional PHCCs have been renovated and equiped to start TB services as part of general PHC activities. Support supervision and mentorship will follow in subsequent quarter.	lack of motivation of staff in selected PHCC has hindered the starting of TB services. NTP is involving the CHD and the management of the PHCC to resolve the issue.





Quarterly Activity Plan Report






1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Distribute annual report, SOPs, training manuals and job aids and develop NTP's 2012 annual plan	MSH	26,114	 0%	Dec	2012	1000 training manuals for clinician, 500 SOPs for improving case detection and 500 copies of the 2010 annual reports have been printed with funds from APA1 and handed over to NTP for distribution. Additional documents will be printed in APA2.
	1.2.2	Support Supervision	MSH	5,940	 0%	Sep	2012	Support supervision to PHCCs identified for integrating TB services was conducted with funds from APA1. In total, 8 visits were conducted to inspect the refurbishment works and follow up of trained staff. The activity will continue in APA 2 workplan.
	1.2.3	Train clinicians and nurses	MSH	66,805	 0%	Apr	2012	Not conducted yet, but there is an acceleration plan to have all training conducted in the 2nd and 3rd quarter of APA2.
					 0%			

2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB	2.1.1	Refurbishment of laboratories	MSH	83,384	 0%	Sep	2012	One major renovation (at state hospital) and 3 minor renovation (at PHCCs) were completed during the quarter through APA 1 funds. Refurbishment has improved on the general laboratory services and TB lab services are provided in an integrated approach. Additional laboratories will be refurbished in APA2 workplan.
	2.1.2	Train laboratory technicians/assistants	MSH	23,700	 0%	May	2012	In addition, 20 (3 females and 17 males) laboratory personnel were trained as supervisors through APA 1. Additional laboratory staff will be trained using APA2 funds.

patients	2.1.3	Support EQA system and CRL	MSH	17,604	 0%	Sep	2012	laboratory specialist has been hired and is on board and is expected to support EQA system and CRL. A technical assistance has been plan in the 3rd quarter to support this activity.
					 0%			

4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	MDR-TB and infection control guidelines	KNCV	57,063	 0%	May	2012	The scope of work has been discussed with KNCV and dates agreed to for the TA.
	4.1.2	Training materials on MDR-TB	WHO	20,456	 0%	Sep	2012	WHO has identified the consultant from the regional office to carry out the TA.
	4.1.3	Training of 2 staff on MDR-TB (regional training)	WHO	15,987	 0%	Sep	2012	Identification of the training institutions is in progress. Waiting for feedback from WHO.
	4.1.4	Stakeholders meeting on MDR and infection control guidelines	MSH	6,420	 0%	May	2012	This activity will be part of the process for activity 4.1.1
					 0%			

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	Support strengthened prevention of TB/HIV activities.	MSH	29,500	 0%	Mar	2012	The activity will support the World TB Day sub activities and is planned for March 2012.
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1	TB/HIV coordination meetings	MSH	32,530	 0%	Sep	2012	Planned in subsequent months
	5.2.2	Training of health care workers on PITC	MSH	30,525	 0%	Jun	2012	Under APA1, PITC training to improve on testing and counseling skills of health workers in the PHC/C was conducted where 17 (9 males and 8 females) participated. Additional health workers will be trained in APA2.
					 0%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans,	6.1.1	Support Global Fund Proposal R12 for South Sudan	MSH	45,030	 0%	Mar	2012	Through APA1 funding, TB CARE I supported NTP in the development of GF R11 proposal. The process was interrupted by the announcement of cancellation of R 11 applications and introduction of transitional funding mechanism for TB control. TB CARE I will continue to support the process through APA 2.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
6.2 TB control components (drug supply	6.2.1	Integrate TB into PHC	MSH	11,850	 0%	Sep	2012	Planned in subsequent quarters
	6.2.2	Support technical group meetings and attendance to international conference	MSH	15,716	 0%	Nov	2013	Planned in subsequent quarters
	6.2.3	MOST for TB	MSH	31,638	 0%	Mar	2012	Planned in subsequent quarters
					 0%			

Quarterly MDR-TB Report

Country	South Sudan
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Period	October-December 2011
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
Jan-Dec 2010	3	0
Jan-Sep 2011	0	0
Oct-Dec 2011	0	0
Total 2011	0	0

Quarterly GeneXpert Report

Country	South Sudan
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Period	October-December 2011
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Table 1: GeneXpert instruments and cartridges procured or planned by quarter

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Sep 2011	Oct-Dec 2011	Jan-Dec 2011		
# GeneXpert Instruments	0	0	0	0	n/a
# Cartridges	0	0	0	0	n/a

Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Partner/ Implementing Organization; Additional Comments
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

¹ Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

Table 3: Cumulative Xpert MTB/RIF **Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) ¹	Comments
	1				
	2				
	3				
	4				
	5				
*There are 10 cartridges per kit, but we need the total # of cartridges (not kits) Add an additional row for every procurement order of cartridges					

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

Quarterly Photos (as well as tables, charts and other relevant materials)



GF R11 proposal development process, lead by Eliud Wandwalo, Regional TB Principal Advisor, MSH



Refurbished Parjok PHCC



Refurbished Laboratory in Torit State Hospital

Inventory List of Equipment - TB CARE I

Organization:	TB CARE I
Country:	South Sudan
Reporting period:	October-December 2011
Year:	APA 2



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[illegible]

- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
 - (2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
 - (3) Date of invoice
 - (4) Total price including any sales tax paid. Use currency on invoice
 - (5) Note any sales tax charged
 - (6) Address
 - (7) Good/fair or bad
 - (8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.
- where a recipient compensated TB CARE I for its share. Attach supplementary info